**Addendum to Release of Information Policy**

* Subpoenas received requesting the release of patient information must be accompanied by at least one of the following:
  + Court order signed by a judge
  + Patient release and authorization form signed by guardian
  + Affidavit of Satisfactory Assurances stating every effort has been made to locate the patient
* Deceased Patient – any person requesting information of a deceased patient other than the deceased patient’s caregiver(s) must provide a Letter Testamentary from a probate court. This letter may also be known as Letter of Office or Letter of Appointment of Executor.
* Divorced Parents – Each parent has the right to request the patient’s information unless one of the parents supplies a court order stating one of the following:
  + One parent’s parental rights are terminated
  + One parent has NO or Restricted access to medical records

If Faith Pediatric Rehabilitation determines that access to the medical records is reasonably likely to endanger the life or physical safety of the patient or another person, then access to records will be denied.

* All patients/guardians of patients have the right to access their treatment/medical records.
* Cash Clients - All patients/guardians of patients have the right to choose not to release their record(s) of treatment to their insurance carrier as long as amounts owed for time of treatment has been paid in full. Staff will ensure such records are NOT released to insurance companies.

I have read and understand the policies listed above.

TYPE NAME HERE

TYPE DATE HERE

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE NAME HERE

Parent/Guardian Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_